### IN THE UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK

Form 210A

#### **United States Bankruptcy Court**

#### SOUTHERN DISTRICT OF NEW YORK

In re LEHMAN BROTHERS HOLDINGS INC., et. al., DEBTORS

Case No. 08-13555 (JMP) JOINTLY ADMINISTERED

#### TRANSFER OF CLAIM OTHER THAN FOR SECURITY

A CLAIM HAS BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. § 1111(a). Transferee hereby gives evidence and notice pursuant to Rule 300 1(e)(2), Fed, R. Bankr. P. of the transfer, other than for security, of the claim referenced in this evidence and notice.

ILLIQUIDX LLP **BANCA FIDEURAM Spa** Name of Transferee Name of Transferor Name and Address where notices to transferee should be Court Claim # (if known): 51229 sent: Total Claim Amount: \$258,266,052.60 **ILLIQUIDX LLP** Amount of Claim as Filed with respect to ISIN XS0211814123: \$ 25,771.55 80 Fleet Street Allowed Amount of Claim with respect to ISIN London EC4Y 1EL XS0211814123: \$ 24,696.48 **UNITED KINGDOM** Amount of Claim as Filed with respect to ISIN Attn.: Mr Celestino Amore XS0181945972: \$ 129,517.50 E.mail: amore@illiquidx.com Allowed Amount of Claim with respect to ISIN Phone: +44 207 832 0181 XS0181945972: \$ 124,920,44 Last Four Digits of Acct #: N/A Date Claim Filed: 28/10/2009 Name and Address where transferee payments should be sent (if different from above): **BANCA FIDEURAM SPA** Bank: CITIBANK NA, NEW YORK **SWIFT: CITIUS33XXX** Piazzale Giulio Douhet, 31 ABA Number: 021000089 00143 Roma, A/C No. 36163143 **ITALY** \*\*PLEASE SEE ATTACHED EXHIBITS\*\*

I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief

Transferee/Transferee's Agent

Date: 23/01/2014

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment foe up to 5 years, or both 18 U.S C. §1152 & 3571.

Form 210B (12/09)

# IN THE UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK

In re Lehman Brothers Holdings Inc.

Case No. 08-13555

## NOTICE OF TRANSFER OF CLAIM OTHER THAN FOR SECURITY

Claim No. 51229 was filed or deemed filed under 11 U.S.C. § 1111(a) in this case by the alleged transferor. As evidence of the transfer of that claim, the transferee filed a Transfer of Claim Other than for Security in the clerk's office of this court on 21/01 2014.

BANCA FIDEURAM SPA	ILLIQUIDX LLP
Name of Alleged Transferor	Name of Transferee
Address of Alleged Transferor:	Address of Transferee:
BANCA FIDEURAM SpA	ILLIQUIDX LLP
Piazzale Giulio Douhet, 31 00143 Roma, ITALY	80 Fleet Street London EC4Y 1EL UK
	objections must be filed with the court within twenty-one is timely received by the court, the transferee will be
Date:	RK OF THE COURT

# AGREEMENT AND EVIDENCE OF TRANSFER OF CLAIM LEHMAN PROGRAM SECURITY

#### TO: THE DEBTOR AND THE BANKRUPTCY COURT

- 1. For value received, the adequacy and sufficiency of which are hereby acknowledged, BANCA FIDEURAM Spa ("Seller"), acting on behalf of one or more of its customers (the "Customers") hereby unconditionally and irrevocably sells, transfers and assigns to ILLIQUIDX LLP (the "Purchaser"), and Purchaser hereby agrees to purchase, as of the date hereof, (a) an undivided interest, to the extent of the nominal amount specified in Schedule 1 attached hereto (the "Purchased Claim"), in Seller's right, title and interest in and to Proof of Claim Number 51229 filed by or on behalf of Seller (the "Proof of Claim") against Lehman Brothers Holdings, Inc., debtor in proceedings for reorganization (the "Proceedings") in the United States Bankruptcy Court for the Southern District of New York (the "Court"), administered under Case No. 08-13555 (JMP) (the "Debtor"), (b) all rights and benefits of Seller and its Customers relating to the Purchased Claim, including without limitation (i) any right to receive cash, securities, instruments, interest, damages, penalties, fees or other property, which may be paid or distributed with respect to the Purchased Claim or with respect to any of the documents, agreements, bills and/or other documents (whether now existing or hereafter arising) which evidence, create and/or give rise to or affect in any material way the Purchased Claim, whether under a plan or reorganization or liquidation, pursuant to a liquidation, or otherwise, (ii) any actions, claims (including, without limitation, "claims" as defined in Section 101(5) of Title 11 of the United States Code (the "Bankruptcy Code")), rights or lawsuits of any nature whatsoever, whether against the Debtor or any other party, arising out of or in connection with the Purchased Claim, (iii) any rights and benefits arising out of or in connection with any exhibit, attachment and/or supporting documentation relating to the Purchased Claim, and (iv) any and all of Seller and its Customers' right, title and interest in, to and under the transfer agreements, if any, under which Seller and Customer(s) or any prior seller acquired the rights and obligations underlying or constituting a part of the Purchased Claim, but only to the extent related to the Purchased Claim, (c) any and all proceeds of any of the foregoing (collectively, as described in clauses (a), (b), and (c), the "Transferred Claims"), and (d) the security or securities (any such security, a "Purchased Security") relating to the Purchased Claim and specified in Schedule 1 attached hereto.
- 2. Seller hereby represents and warrants to Purchaser that: (a) the Proof of Claim was duly and timely filed on or before 5:00 p.m. (prevailing Eastern Time) on November 2, 2009 in accordance with the Court's order setting the deadline for filing proofs of claim in respect of "Lehman Program Securities"; (b) the Proof of Claim relates to one or more securities expressly identified on the list designated "Lehman Programs Securities" available on http://www.lehman-docket.com as of July 17, 2009; (c) Seller and its Customer owns and has good and marketable title to the Transferred Claims, free and clear of any and all liens, claims, set-off rights, security interests, participations, or encumbrances created or incurred by Seller or against Seller; (d) Seller is duly authorized and empowered to execute and perform its obligations under this Agreement and Evidence of Transfer; (e) the Proof of Claim includes the Purchased Claim specified in Schedule 1 attached hereto; and (f) Seller has not engaged in any acts, conduct or omissions, or had any relationship with the Debtor or its affiliates, that will result in Purchaser receiving in respect of the Transferred Claims proportionately less payments or distributions or less favorable treatment than other unsecured creditors.
- 3. Seller hereby waives any objection to the transfer of the Transferred Claims to Purchaser on the books and records of the Debtor and the Court, and hereby waives to the fullest extent permitted by law any notice or right to receive notice of a hearing pursuant to Rule 3001(e) of the Federal Rules of Bankruptcy Procedure, the Bankruptcy Code, applicable local bankruptcy rules or applicable law, and consents to the substitution of Seller by Purchaser for all purposes in the case, including, without limitation, for voting and distribution purposes with respect to the Transferred Claims. Purchaser agrees to file a notice of transfer with the Court pursuant to Federal Rule of Bankruptcy Procedure 3001(e) including this Agreement and Evidence of Transfer of Claim. Seller acknowledges and understands, and hereby stipulates, that an order of the Court may be entered without further notice to Seller transferring to Purchaser the Transferred Claims, recognizing Purchaser as the sole owner and holder of the Transferred Claims, and directing that all payments or distributions of money or property in respect of the Transferred Claim be delivered or made to Purchaser.



- 4. All representations, warranties, covenants and indemnities shall survive the execution, delivery and performance of this Agreement and Evidence of Transfer of Claim and the transactions described herein. Purchaser shall be entitled to transfer its rights hereunder without any notice to or the consent of Seller. Seller hereby agrees to indemnify, defend and hold Purchaser, its successors and assigns and its officers, directors, employees, agents and controlling persons harmless from and against any and all losses, claims, damages, costs, expenses and liabilities, including, without limitation, reasonable attorneys' fees and expenses, which result from Seller's breach of its representations and warranties made herein.
- 5. Seller shall promptly (but in any event no later than three (3) business days) remit any payments, distributions or proceeds received by Seller in respect of the Transferred Claims to Purchaser. Seller has transferred, or shall transfer as soon as practicable after the date hereof, to Purchaser each Purchased Security to such account, via Euroclear or Clearstream (or similar transfer method), as Purchaser may designate in writing to Seller. This Agreement and Evidence of Transfer supplements and does not supersede any confirmation, any other automatically generated documentation or any applicable rules of Euroclear or Clearstream (or similar transfer method) with respect to the purchase and sale of the Purchased Security.
- 6. Each of Seller and Purchaser agrees to (a) execute and deliver, or cause to be executed and delivered, all such other and further agreements, documents and instruments and (b) take or cause to be taken all such other and further actions as the other party may reasonably request to effectuate the intent and purposes, and carry out the terms, of this Agreement and Evidence of Transfer, including, without limitation, cooperating to ensure the timely and accurate filing of any amendment to the Proof of Claim.
- 7. Seller's and Purchaser's rights and obligations hereunder shall be governed by and interpreted and determined in accordance with the laws of the State of New York (without regard to any conflicts of law provision that would require the application of the law of any other jurisdiction). Seller and Purchaser each submit to the jurisdiction of the courts located in the County of New York in the State of New York. Each party hereto consents to service of process by certified mail at its address listed on the signature page below.

IN WITNESS WHEREOF, this AGREEMENT AND EVIDENCE OF TRANSFER OF CLAIM is executed this 15th day of January 2014.

BANCA FIDEURAM S.P.A.

Name: Emanuele Castro Title: Legal Department

Piazzale G. Douhet 31, Roma 00143, Italy

Attn: Emanuele Castro phone 00390659027565 fax 00390659027211

mail dir-legale@bancafideuram.it

ILLIQUIDX LLP

Name: Celestino Amore Title: Managing Partner

80 Fleet Street London EC4Y TEL UNITED KINGDOM

phone: 0044 207 832 0151 mail amore@illiquidx.com

# Transferred Claims

# Lehman Programs Securities to which Transfer Relates

Purchased Claim

0.217141% of XS0211814123= USD 25,771.55 of USD 11,868,557.39 (i.e. the outstanding amount of XS0211814123 as described in the Proof of Claim dated 10/26/2009 and

filed on 10/28/2009)							
Description of Security   ISIN/CUSIP	ISIN/CUSIP	Issuer	Guarantor	Principal/Notional Maturity Amount	Maturity	Accrued Amount (as of Allowed Amount of Claim Proof of Claim Filing Date) Transferred to Purchaser	Allowed Amount of Claim Transferred to Purchaser
Issue of EUR100,000,000 Fixed to European Inflation Linked Notes due February 2017 under the U.S.\$25,000,000,000	XS0211814123	Lehman Brothers Treasury Bv	Lehman Brothers Holdings Inc.	EUR 17,000 (equivalent to USD 24,056.70)	16/02/2017	EUR 1,211.82 (equivalent to USD 1,714.85)	USD\$ 24.696.48

Description of Security   ISIN/CUSIP	ISIN/CUSIP	Issuer	Guarantor	Principal/Notional Maturity Amount	Maturity	Accrued Amount (as of Allowed Amount of Claim Proof of Claim Filing Date)	Allowed Amount of Claim Transferred to Purchaser
Issue of EUR140,000,000 of Inflation Linked Multi- Tranche Notes due January 2014 under the U.S.S18,000,000,000	XS0181945972	Lehman Brothers Treasury Bv	Lehman Brothers Holdings Inc.	EUR 86.000 (equivalent to USD 121,698.60)	14/01/2014	EUR 5.525.33 (equivalent to USD 7,818.90)	USDS 124,920.44





Lehanan Brothers Holdings Inc., et al. Chapter II Case No. 08-13555 (MF) (Dolly Administrated) Deborn.  Note: This form may not be used to file claims other than those based on Lehman Programs Securities as Fixed on Intro/Noww Idman-dockel compass of July I7. 2009  Name and address of Creditor. (and name and address where notices should be sent if different from Creditor) Banca Fideuram S.p.a. Piazzale Giulio Doubet, 31 00163 Roma, Italy +390659022188  Lelephone number: Email Address:  Name and address where payment should be sent (if different from above)  Securities as Signature of Programs Securities as Signature of Securities and Signature of Securities as Signature of Securities as September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them therefore and whether such than mattered to retem fixed of in-judable deficer as first September 15, 2008. The chain amount of your claim based on Lehman Programs Securities on September 15, 2008 or acquired them therefore and whether such than mattered to retem fixed of in-judable deficer as first September 15, 2008. The chain amount and be the amount of whether such than mattered to retem fixed of in-judable deficer as first September 15, 2008. The chain amount and be the amount of whether such than mattered to retem fixed of in-judable deficer as first September 15, 2008. The chain amount and be the amount of chain and the such as	Lehman Brother c/o Epiq Bankru FDR Station, P. New York, NY		ssing Center	PRO	CURITIES PROGRAMS OF OF CLAIM
Note: This form may not be used to file claims other than those based on Lelman Programs Securities as I steed on Intro/Rowswalelmant-decked com as of July 17, 2009  Name and address of Creditor: (and name and address where notices should be sent if different from creditor)  Banca Fideuram S.p.a.  Piazzale Giulio Douhet, 31  00163 Roma, Italy  +390659022188  Giulio Douhet, 31  00163 Roma, Italy  +390659022188  Giulio Douhet, 31  Olidia Roma, Italy  -390659022188  Telephone number:  Email Address:  Name and address where payment should be sent (if different from above)  SEE DOCUMENTS ATTACHE  I. Provide the total amount of your claims based on Lehman Programs Securities. Your claim amount amust be attended by the sent and whether such claim named on became fixed or liquidated before or affer September 13, 2008 or acquired them therefore, and whether such claim named on became fixed or liquidated before or affer September 13, 2008 or acquired them therefore, and whether such claims named on became fixed or liquidated before or affer September 13, 2008 or acquired them therefore, addition, using the exchange rine a applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security or unay attach a schedule with the diam amount of need Lehman Programs Security or which this claim referse.  Amount of Claim: \$288,266,052,60  (Required) PLEASE SEE THE ATTACHED ANNEX  Amount of Claim report on one than one Lehman Programs Security, you may attach a schedule with the Six's for the Lehman Programs Securities to which this claim referse.  PLEASE SEE THE ATTACHED ANNEX  International Securities 1 dentification Number (ISIN):  Required)  PLEASE SEE THE ATTACHED ANNEX  Required)  9. Provide the Cleasurem Bank Blocking Number; For each Lehman Programs Security for which this claim referse.  PLEASE SEE THE ATTACHED ANNEX  Required)  9. Provide the Cleasurem Bank Leurolear Bank Electronic Reference Number: on other depository blocking reference number: a such as chedule with th		s Holdings Inc., et al.,		Filed: Le	"" an Brothers Moldings Inc. Et Al
Sanca Fideuram S.p.a.   Piazzale Giulio Douhet, 31   O0163 Roma, Italy	Note: This fo	man Programs Secur	o file claims other than those ities as listed on		(JK-13555 / JAJO)
Banca Fideuram S.p.a. Piazzale Giulio Douhet, 31 00163 Roma, Italy +390659022188 Telephone number: Email Address: Name and address where payment should be sent (if different from above)    Court Claim Number:   Filed on:		ss of Creditor: (and name	and address where notices should be	sent if different from	
Telephone number:  Name and address where payment should be sent (if different from above)  Telephone number:  Email Address:  SEE DOCUMENTS ATTACHE  1. Provide the total amount of your claim based on Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim manutar of him and whether such claim manutar such telephone them thereafter, and whether such claim manutar such claim relates.  Amount of Claim: s 2288,266,052.60  (Required)  Telephone number:  Telephone number:  Email Address:  Email Address:  Email Address:  Telephone number:  Email Address:  Email Address:  Email Address:  Email Address:  Email Address:  Telephone number:  Email Address:  Email Address:  Telephone number:  Email Address:  Email Address:  Telephone number:  Email Address:  Telephone	Piazzale G	iulio Douhet, 31			Court Claim Number:
Telephone number:  Email Address:  Enders Address of September 15, 2008 of sequired them thereafter and whether shot both and a consument of the amount of claim inches the and the Address Security and the Address of Enders and Enders Inches and Enders Inches Inch		+390659022188		uram.it	Filed on:
1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008, and the Lehman Programs Securities on September 15, 2008, the claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security you may attach a schedule with the claim amounts for each Lehman Programs Security in which this claim relates.  Amount of Claim: \$\frac{258,266,052.60}{Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Security in which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISIN to the Lehman Programs Security to which this claim relates.  PLEASE SEE THE ATTACHED ANNEX  International Securities Identification Number (ISIN):  (Required)  3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security to which this claim relates.  Clearstream Bank Blocking Number, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank S.A., account number?  (Required)  4. Provide the Clearstream Bank, Cl	Name and addre	ss where payment should	be sent (if different from above)		anyone else has filed a proof of claim relating to your claim. Attach copy of
Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The time stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim relates.  Amount of Claim: \$\frac{258,266,052.60}{\text{Required}}\$ PLEASE SEE THE ATTACHED ANNEX  **Description of Claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.  2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs For the Lehman Programs Security to which this claim relates.  2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates.  PLEASE SEE THE ATTACHED ANNEX  International Securities Identification Number (ISIN):  (Required)  3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire as Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behald). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.  Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:  PLEASE SEE THE ATTACHED ANNEX  (Required)  4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank or other Depository Participant Account Number:  (Required)  5. Consent to	Telephone numb	er: Ei	nail Address:		SEE DOCUMENTS ATTACHE
PLEASE SEE THE ATTACHED ANNEX (Required)  4. Provide the Clearstream Bank. Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.  Clearstream Bank S.A., account number 24355  Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:  (Required)  5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized. Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.  Date.  Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach topy of rower of attorney, if  any. CEO Matteo Colafrancesco  PLEASE SEE THE ATTACHED ANNEX  (Required)  4. Provide the Clearstream Bank or other depository participant account number related to your Lehman Programs Securities on tother depository participant account number:  (Required)  FOR COURT USE ONLY  FILED / RECEIVED  OCT 2 8 2009  DOCT 2 8 2009  EPIQ BANKRUPTCY SOLUTIONS, LLC	and whether such dollars, using the you may attach a Amount of Clair Check this  2. Provide the this claim with rewhich this claim with rewhich this claim.  International Second appropriate (each from your account and one Lehman relates.	ties as of September 15, 2 the claim matured or became exchange rate as applica a schedule with the claim in	1008, whether you owned the Lehman e fixed or liquidated before or after Soble on September 15, 2008. If you are amounts for each Lehman Programs S. 60 (Required) PI in includes interest or other charges in lentification Number (ISIN) for each lehman Programs Security, you may a PI (umber (ISIN):  Number, a Euroclear Bank Electronic for each Lehman Programs Security for each Le	Programs Securities on Septen exptember 15, 2008. The claim in this claim with respect to ecurity to which this claim related to the principal amount addition to the principal amount technan Programs Security to what a schedule with the ISINS.  LEASE SEE THE AT (Required)  Reference Number, or other dor which you are filing a claim, surities on your behalf). If you ng Numbers for each Lehman I	aber 15, 2008 or acquired them thereafter, amount must be stated in United States o more than one Lehman Programs Security, ites.  TTACHED ANNEX  at due on the Lehman Programs Securities, which this claim relates. If you are filing for the Lehman Programs Securities to TTACHED ANNEX  Repository blocking reference number, as You must acquire a Blocking Number are filing this claim with respect to more Programs Security to which this claim
4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.  Clearstream Bank S.A., account number 24355  Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:  (Required)  5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized. Euroclear Bank. Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.  Date.  Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach topy of rower of attorney, if  10/26/2009  CEO Matteo Colafrancesco  FOR COURT USE ONLY  FILED / RECEIVED  OCT 2 8 2009  EPIQ BANKRUPTCY SOLUTIONS, LLC	number:		PL	EASE SEE THE AT	
5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized. Euroclear Bank. Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.  Date.  Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach topy of rower of attorney, if  10/26/2009  The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach topy of rower of attorney, if  10/26/2009  FOR COURT USE ONLY  FILED / RECEIVED  OCT 2 8 2009  EPIQ BANKRUPTCY SOLUTIONS, LLC	accountholder (i.	e, the bank, broker or other	r Bank or other depository participant e the relevant Clearstream Bank, Euro er entity that holds such securities on y Cle	account number related to you clear Bank or other depository your behalf). Beneficial holder arstream Bank S.A.,	participant account number from your s should not provide their personal account
consent to, and are deemed to have authorized. Euroclear Bank. Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.  Date.  Signature: The person filing this claim must sign it. Sign and print name and title. if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach topy of rower of attorney, if  any. CEO Matteo Colafrancesco  FILED / RECEIVED  OCT 2 8 2009  EPIQ BANKRUPTCY SOLUTIONS, LLC	5 Concept to F.	unaless Pauls City			FOR COURT HOT ONLY
of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach topy of power of attorney, if  10/26/2009 CEO Mattee Colafrancesco  EPIQ BANKRUPTCY SOLUTIONS, LLC	consent to, and and disclose your ide	re deemed to have authori utity and holdings of Lehi is and distributions.	zed. Euroclear Bank. Clearstream Bai man Programs Securities to the Debtor	ık or other depository to rs for the purpose of	FILED / RECEIVED
		of the creditor or other p number if different from	erson authorized to file this claim one the notice address above. Attach cop	state address and telephone	
		for presenting fraudulent	claim: Fine of up to \$500,000 or imp	prisonment for up to 5 years, or	